

## DEPARTMENT OF HEALTH SERVICES

714/744 P STREET

P. BOX 942732

SACRAMENTO, CA 94234-7320



June 30, 1993

TO: All County Welfare Directors  
All County MEDS Coordinators  
All County Medi-Cal Program Specialists/Liaisons

Letter No.: 93-39

SUBJECT: CALIFORNIA ELIGIBILITY VERIFICATION AND CLAIMS  
MANAGEMENT SYSTEM (CA-EV/CMS) COUNTY INPUT REQUIREMENTS FOR SHARE  
OF COST (SOC) DATA BASE AND ONLINE ELIGIBILITY  
VERIFICATION/PLASTIC CARD ISSUANCE.

Enclosed, in its final version, is the document entitled "CA-EV/CMS & FAME County Input Requirements". This document incorporates county comments provided as a result of reviewing draft input requirements. Counties are required to implement this portion of CA-EV/CMS prior to the printing and distribution of plastic cards in the county.

This document was handed out at both the Northern and Southern California MEDS Advisory Group (CMAG) meetings held on June 8 and June 10, 1993, respectively. FOR THOSE COUNTIES WHO RECEIVED A COPY AT THE NORTHERN CMAG MEETING ON JUNE 8, PLEASE NOTE THAT THERE HAS BEEN A CHANGE IN THE DOCUMENT YOU RECEIVED. THE CHANGE OCCURRED ON PAGE 4, SECTION IV, UPDATE PROCESSING, PARAGRAPH 1, REGARDING DISCREPANCIES IN SOC AMOUNTS AND HOW THEY WILL BE HANDLED. The change was made prior to the Southern CMAG meeting of June 10, 1993, so if you received a copy at this meeting, your document is correct.

Section V, Initial Load, describes the process to create SOC cases on the SOC data base. In order to create the best SOC data base possible, the Department of Health Services (DHS) will produce a report/file for each county to reconcile with their data base. This report/file can be used by the county to identify records on the MEDS data base that need to be changed.

The counties have two options available for receiving this data.

- 1.) DHS can produce a listing or
- 2.) DHS can produce a file (tape).

All County Welfare Directors  
All County MEDS Coordinators  
All County Medi-Cal Program Specialists/Liaisons  
Page 2

Each option is available on a county by county basis. Counties should provide their preference by contacting Mr. Mike McDaniel, Data Systems Branch, by telephone at (916) 653-8516 or by sending a request to the CAEVS, TAO conference. County preferences must be received by July 30, 1993. If no response is received from a county, it will be assumed the report/file is not necessary and will not be sent.

If you have any questions about the enclosed document or other areas of county input requirements, please contact Mr. McDaniel by either method provided above. If you have any questions regarding eligibility issues as they relate to SOC, please contact Ms. Patty Phipps of my staff at (916) 657-1528.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief  
Medi-Cal Eligibility Branch

Enclosure

## **CA-EV/CMS & FAME**

### County Input Requirements

#### **I. INTRODUCTION**

This package is intended to provide detailed information on the county requirements associated with implementing the California Eligibility Verification/Claims Management System (CA-EV/CMS) and the Fiscal Intermediary Access to Medi-Cal Eligibility (FAME) system.

#### **II. BACKGROUND**

The Department of Health Services (DHS) and Electronic Data Systems (EDS) are currently enhancing the existing Automated Eligibility Verification Systems (AEVS) to expand access to on-line eligibility verification. This modification will eliminate the current paper Medi-cal cards and allow access using a plastic California Health Identification Card (CHIC) or by entering client identifiers. As part of the overall enhancement the State is automating the existing manual Share of Cost (SOC) process.

The State met with counties to help establish the approach for implementing the plastic card and SOC enhancement. Based upon information from those discussions, the State will revise the Medi-Cal Eligibility Data System (MEDS) as the primary method of implementing the enhancements and also to minimize the impact on counties.

#### **III. OVERVIEW-GENERAL SYSTEM**

The plastic California Health Identification Card (CHIC) will be issued by DHS to all Medi-Cal eligibles based on information found on MEDS. DHS will also issue CHIC cards for ineligibles who can use their medical expenses to meet the SOC obligation for Medi-Cal eligibles. The counties will have the capability of requesting replacement cards.

MEDS provides on-line capabilities, but does not meet the necessary processing criteria for an on-line real-time transaction processing system. DHS is developing a SOC data base that contains information on SOC cases, including the case make-up, SOC obligation and remaining SOC obligation. SOC case make-up and obligation data will be updated via MEDS transactions and applied to the SOC data base during the MEDS nightly update. The remaining SOC obligation can only be updated on an on-line real-time basis.

MEDS is a person oriented data base and currently carries only one SOC obligation for each person. Due to the increasingly complicated Medi-Cal environment it is imperative that MEDS be modified to meet the processing needs for people in multiple SOC cases. An enhancement to capture SOC obligation for special programs may be implemented at a later date.

MEDS is also being expanded to accept Ineligible (aid code IE) and Responsible Relative (aid code RR) records from the counties. The IEs and RRs are required to accurately reflect the case composition of SOC cases. All IEs and RRs will be reported by using MEDS EW transactions. IE and RR add transactions which do not contain an SSN will be issued a Pseudo Number. Any IEs and RRs submitted with a zero (0) SOC obligation will be added to MEDS, but not to the SOC data base.

Each month as part of the MEDS renewal, DHS will provide a SOC Case Composition Form to every IE and RR person linked to multiple SOC cases. If the SOC Case Composition changes during the month the county should generate appropriate MEDS transactions to reflect the new case composition. After the SOC data base is updated, counties may "screen print" the SOC case composition for use by a recipient. The SOC Case Composition Form is intended for an IE or RR recipient to carry and assist the provider when updating the remaining SOC obligation for one of the recipients multiple cases.

The new CA-EV/CMS will be implemented on a phased approach with 10% of the California Medi-Cal population, starting in January 1994. The remainder of the state will be phased in through June 1994. This schedule is dependent upon federal approval for enhanced funding. If enhanced funding is not approved, all plastic cards must be issued by April of 1994. All of CA-EV/CMS will be implemented in a county at one time. The capability to do on-line eligibility verification and on-line real time updates to the remaining SOC obligation will be turned on when the CHIC cards are mailed to the recipients in that county.

#### *A. Share of Cost Case Identification:*

MEDS is a person oriented data base and currently carries one SOC obligation for each eligible person. The determination of SOC obligation is based on the case composition. DHS will use the COUNTY-ID (minus the AID-CODE and PERS-NO) plus the SOC-FBU to determine the SOC-Case-ID. The SOC-Case-ID will only be carried on the SOC data base and consist of the following data elements:

CO	7 DIGIT		SOC-
NO.	SERIAL	FBU	FBU
XX	XXXXXXXX	X	XX

The counties will provide the SOC case composition records to DHS using MEDS transactions. These records will include all eligible persons and a new group of persons not known to MEDS. This new group of individuals is made up of Ineligibles (IEs) and Responsible Relatives (RRs). DHS will make the necessary modifications to MEDS to accommodate this new population. DHS will also modify MEDS to indicate that a person is linked to multiple SOC cases. If the county is able to uniquely identify the composition of a SOC case using the one digit FBU, the SOC-FBU will be blank.

The SOC data base is being developed by DHS. All transaction processing, except modifying the remaining SOC obligation and SOC inquiry will be via MEDS transactions generated by the counties. These MEDS transactions will be processed on a daily basis. Many of the MEDS transactions will be modified to accept the SOC-FBU for persons on SOC cases which cannot be identified using the one digit FBU. When a county or provider initiates a transaction that applies an amount towards the remaining SOC obligation it will be processed on an on-line real-time basis. When the remaining SOC obligation reaches zero (0), DHS will generate a MEDS SOC certification transaction for each individual in the case.

The following is a list of MEDS data elements that are changing with the implementation of SOC processing:

Increase SOC Amount (Obligation) to 5 digits

Add the SOC-FBU - 2 digits; *The Data Element number is - 9015*

*B. Plastic Card Issuance:*

1. Production of Cards:

DHS will have the CHIC cards in the hands of the recipients by the time CA-EV/CMS is implemented in their county. With the exception of minor consent, all Medi-Cal eligibles on MEDS, including SOC IEs and RRs will receive a card. The CHIC card will be mailed to the client's address contained on MEDS.

DHS will not be producing the CHIC card on a monthly basis as currently done with the paper Medi-Cal cards. The CHIC card will only be reissued when lost, stolen, damaged or when otherwise requested by a county. MEDS eligibility will be turned on and off internally based on input from the counties. CHIC cards will not be reissued for an inter-county transfer, nor will they be reissued for a 60 day break in aid.

2. County Requests for Replacement Cards:

After the initial CHIC card production run, DHS will only generate a replacement CHIC card when the counties request one through the appropriate MEDS transaction. A paper immediate need card will be available, but for counties that have been brought up on the plastic card system, the paper card will not contain MEDI or POE labels. EW15 transactions will not generate a CHIC card. The follow-up MEDS transaction must be submitted before a CHIC card will be issued.

#### IV. UPDATE PROCESSING

During the MEDS nightly update SOC case composition information will be updated on MEDS and the SOC File. All case composition information will be provided to DHS through the use of MEDS transactions. These MEDS transactions will retain their current functionality, with the added function of updating SOC case information to the SOC data base. If the update encounters a discrepancy in the SOC case obligation (differing dollar amounts among the case members) it will default the obligation on MEDS and the SOC data base to the higher amount and provide a county alert message. MEDS transactions will be modified to accept the new SOC-FBU, which will only be carried on the SOC data base. This field will be left blank when counties uniquely identify persons in multiple SOC cases using a one digit FBU.

##### *County Update Information:*

The counties will be able to update SOC Case information using the normal MEDS processing. The counties will also be able to inquire and display the SOC Case Composition using the new SOCR Share of Cost Case Make-up Inquiry Screen (see Exhibit I) and do an on-line real-time change (either + or -) to the remaining SOC obligation using the new SOCO Obligation Screen (see Exhibit II).

The following is a list of MEDS transactions that will be modified by DHS to accept the SOC-FBU for both on-line and batch processing.

EW05	EW20	EW31	EW50
EW15	EW30	EW40	

**EXAMPLE** - Shows the EW20 transactions to add SOC information to MEDS and the cases created on the SOC data base.

A stepparent household consists of a married couple and the wife's separate child. Both the wife and the child need medical assistance. The wife is not incapacitated and her spouse has no Medi-Cal linkage.

Case 1	Trans 1	31-37-1234567- <u>A</u> -01 (Wife)
Case 1	Trans 2	31- <u>IE</u> -1234567- <u>A</u> -02 (Husband-Ineligible)
Case 2	Trans 3	31-37-1234567- <u>B</u> -11 (Separate Child)
Case 2	Trans 4	31- <u>RR</u> -1234567- <u>B</u> -01 (Wife-Responsible Relative)

**NOTE:** Aid Code RR = Responsible Relative  
Aid Code IE = Ineligible

Those counties who are unable to uniquely identify persons linked to multiple SOC cases using the one digit FBU must include the SOC-FBU with the above transactions.

## **V. INITIAL LOAD**

DHS will provide each county a file (or hard-copy) containing SOC cases reported to MEDS. The cases will be extracted from the MEDS data base using county, serial and the 1 digit FBU to link a case. We anticipate the files will be available by mid-July. The MEDS case information is intended for counties to compare to their SOC cases and then provide MEDS up to date SOC case information. Counties should provide the SOC case information prior to the October 1993 MEDS renewal.

After the October 1993 renewal, DHS will extract from MEDS the current SOC cases and load the SOC data base. At this time DHS will implement all modifications associated with SOC and on-line eligibility processing. This permits counties to use MEDS transactions to report IEs and RRs, thus completing the SOC data base load.

This load process will allow counties to build, maintain, and view SOC information contained on the SOC data base. Until a county is activated on plastic cards, the SOC data base cannot be utilized for eligibility verification, and the SOCO transaction cannot be used to reduce the SOC obligation. Therefore, counties must continue the MC-177 process until activated.

The following exhibits are attached:

EXHIBIT I - SHARE OF COST CASE MAKEUP INQUIRY SCREEN  
(SOCR)

EXHIBIT II - SHARE OF COST OBLIGATION SCREEN (SOCO)

EXHIBIT III - REVISED RC 20 TRANSACTION

EXHIBIT IV - REVISED MEDS SCREENS

06/04/93

new transaction

	1	2	3	4	5	6	7	8
1	SOCO		** SHARE OF COST OBLIGATION **			opr - mm/dd/yy		
	CASE-NAME .....			DISTRICT ...		EW-CODE ....		
5	COUNTY-ID-PER-MEDS .....					SOC-FBU ..		
	MEDS-ID .....		BIRTHDATE .....					
10	SERVICE DATE .....							
	TOTAL-BILL-AMOUNT \$ .....							
15	AMOUNT-OBLIGATED \$ .....					REVERSAL-IND .		
	PROVIDER MEDI-CAL NUMBER/LICENSE NUMBER .....							
20	PROCEDURE/DRUG CODE .....							
	NEXT-TRANS .....			SAME-PERSON .		SAME-CASE .		
24								



06/04/93

new inquiry transaction (request screen)

```

1  +---+1---+---+2---+---+3---+---+4---+---+5---+---+6---+---+7---+---+8
SOCR                ** SOC CASE MAKE-UP INQUIRY REQUEST **          opr - mm/dd/yy

5  VALID-MMYT _____

SOC-CASE-ID: COUNTY ____ SERIAL _____ FBU (OPT) _ SOC-FBU (OPT) _
OR
10 MEDS-ID: _____

MULTIPLE SOC CASES WERE FOUND, SELECT ONE SOC-CASE-ID FROM THE LIST BELOW:

15  - CC-SSSSSSSS-f (sf)      - CC-SSSSSSSS-f (sf)      - CC-SSSSSSSS-f (sf)
    - CC-SSSSSSSS-f (sf)      - CC-SSSSSSSS-f (sf)      - CC-SSSSSSSS-f (sf)
    - CC-SSSSSSSS-f (sf)      - CC-SSSSSSSS-f (sf)      - CC-SSSSSSSS-f (sf)
    - CC-SSSSSSSS-f (sf)      - CC-SSSSSSSS-f (sf)      - CC-SSSSSSSS-f (sf)
    - CC-SSSSSSSS-f (sf)      - CC-SSSSSSSS-f (sf)      - CC-SSSSSSSS-f (sf)
    - CC-SSSSSSSS-f (sf)      - CC-SSSSSSSS-f (sf)      - CC-SSSSSSSS-f (sf)
    - CC-SSSSSSSS-f (sf)      - CC-SSSSSSSS-f (sf)      - CC-SSSSSSSS-f (sf)
    - CC-SSSSSSSS-f (sf)      - CC-SSSSSSSS-f (sf)      - CC-SSSSSSSS-f (sf)
    - CC-SSSSSSSS-f (sf)      - CC-SSSSSSSS-f (sf)      - CC-SSSSSSSS-f (sf)
    - CC-SSSSSSSS-f (sf)      - CC-SSSSSSSS-f (sf)      - CC-SSSSSSSS-f (sf)
24  - CC-SSSSSSSS-f (sf)      - CC-SSSSSSSS-f (sf)      - CC-SSSSSSSS-f (sf)

```

NOTE: Lines 12-23 will only be displayed if multiple SOC cases are found.  
If a single SOC case is found, the SOCI screen will be displayed.

new inquiry transaction (response screen)

```

1  +---+1---+---+2---+---+3---+---+4---+---+5---+---+6---+---+7---+---+8
SOCI                ** SHARE OF COST CASE MAKE-UP INQUIRY **          opr - mm/dd/yy

SOC-CASE-ID xx-xxxxxxx-x (xx) SOC $xxxxx BALANCE $xxxxx.xx VALID-MMYT xx/xx

5  ----- SOC CASE MEMBERS -----
   MEDS-ID      COUNTY-ID      BIRTHDATE      NAME
   xxx-xx-xxxx  xx-xx-xxxxxxx-x-xx  xx/xx/xxxx  xxxxxxxxxxxxxxxx, xxxxxxxxxxxx x
   xxx-xx-xxxx  xx-xx-xxxxxxx-x-xx  xx/xx/xxxx  xxxxxxxxxxxxxxxx, xxxxxxxxxxxx x
10  xxx-xx-xxxx  xx-xx-xxxxxxx-x-xx  xx/xx/xxxx  xxxxxxxxxxxxxxxx, xxxxxxxxxxxx x
   xxx-xx-xxxx  xx-xx-xxxxxxx-x-xx  xx/xx/xxxx  xxxxxxxxxxxxxxxx, xxxxxxxxxxxx x
   xxx-xx-xxxx  xx-xx-xxxxxxx-x-xx  xx/xx/xxxx  xxxxxxxxxxxxxxxx, xxxxxxxxxxxx x
   xxx-xx-xxxx  xx-xx-xxxxxxx-x-xx  xx/xx/xxxx  xxxxxxxxxxxxxxxx, xxxxxxxxxxxx x
   xxx-xx-xxxx  xx-xx-xxxxxxx-x-xx  xx/xx/xxxx  xxxxxxxxxxxxxxxx, xxxxxxxxxxxx x
   xxx-xx-xxxx  xx-xx-xxxxxxx-x-xx  xx/xx/xxxx  xxxxxxxxxxxxxxxx, xxxxxxxxxxxx x
   xxx-xx-xxxx  xx-xx-xxxxxxx-x-xx  xx/xx/xxxx  xxxxxxxxxxxxxxxx, xxxxxxxxxxxx x
15  xxx-xx-xxxx  xx-xx-xxxxxxx-x-xx  xx/xx/xxxx  xxxxxxxxxxxxxxxx, xxxxxxxxxxxx x
   xxx-xx-xxxx  xx-xx-xxxxxxx-x-xx  xx/xx/xxxx  xxxxxxxxxxxxxxxx, xxxxxxxxxxxx x
   xxx-xx-xxxx  xx-xx-xxxxxxx-x-xx  xx/xx/xxxx  xxxxxxxxxxxxxxxx, xxxxxxxxxxxx x
   xxx-xx-xxxx  xx-xx-xxxxxxx-x-xx  xx/xx/xxxx  xxxxxxxxxxxxxxxx, xxxxxxxxxxxx x
   xxx-xx-xxxx  xx-xx-xxxxxxx-x-xx  xx/xx/xxxx  xxxxxxxxxxxxxxxx, xxxxxxxxxxxx x
20  xxx-xx-xxxx  xx-xx-xxxxxxx-x-xx  xx/xx/xxxx  xxxxxxxxxxxxxxxx, xxxxxxxxxxxx x
   xxx-xx-xxxx  xx-xx-xxxxxxx-x-xx  xx/xx/xxxx  xxxxxxxxxxxxxxxx, xxxxxxxxxxxx x
   xxx-xx-xxxx  xx-xx-xxxxxxx-x-xx  xx/xx/xxxx  xxxxxxxxxxxxxxxx, xxxxxxxxxxxx x
   xxx-xx-xxxx  xx-xx-xxxxxxx-x-xx  xx/xx/xxxx  xxxxxxxxxxxxxxxx, xxxxxxxxxxxx x
24  xxx-xx-xxxx  xx-xx-xxxxxxx-x-xx  xx/xx/xxxx  xxxxxxxxxxxxxxxx, xxxxxxxxxxxx x

```

### EXHIBIT III

#### RC20 - Record Format

<u>DATA ELEMENTS</u>	<u>POSITION</u>	<u>LENGTH</u>	<u>COMMENTS</u>
MEDS-TRANS-CODE	01-04	4	Required - "RC20"
PASSWORD	05-08	4	Required.
CREATION-DATE	09-13	5	Required. Julian date format - YYDDD.
MEDS-ID	14-22	9	Required. If available.
COUNTY-ID	23-36	14	Required.
BIRTHDATE	37-43	7	Required. Date format of MMDDYY.
NAME:			
LAST	44-58	15	Required.
FIRST	59-68	10	Required.
INITIAL	69	1	Required.
SEX	70	1	Required.
ETHNIC	71	1	Required.
LANGUAGE	72	1	Required.
ADDRESS:			
C/O	73-98	26	Optional.
STREET	99-124	26	Required.
CITY/STATE	125-144	20	Required.
ZIP-CODE	145-149	5	Required.
FILLER AREA	150-153	4	Spaces.
ESAC	154	1	Required. Acceptable values include: 1 - Continuing eligibility 2 - Closed period - only current month eligibility
OTHER-COVERAGE	155	1	Required.
SOC-AMOUNT	156-160	5	Required if applicable. Default of spaces.
LTC-INDICATOR	161	1	Required if applicable. Default of spaces.
SEN-SERV-CD	162-164	3	Optional.
PRE/POST-CD	165	1	Optional.
DISTRICT	166-168	3	Optional.
EW-CODE	169-172	4	Optional.
CASE-NAME	173-190	18	Optional.
SOC-FBU	191-192	2	Optional. 2 digits for those counties that cannot uniquely identify persons belonging to more than one SOC Case with a one digit FBU.
FILLER AREA	193-200	8	Spaces.

06/04/93

```

1  -----1-----2-----3-----4-----5-----6-----7-----8
1  EW05                ** TRANSFER COUNTY OF RESPONSIBILITY **      opr - mm/dd/yy
   CASE-NAME ..... DISTRICT ...      EW-CODE ....
5  COUNTY-ID: PER-MEDS _____ ALTERNATE .. .. .
   MEDS-ID _____ BIRTHDATE _____ NEW-BIRTHDATE .....
   NAME: LAST ..... FIRST ..... INITIAL .....
   SEX _____ ETHNIC _____ LANGUAGE _____
   SSN-VER . CA-DL/ID-NO ..... HIC-NO .....
10 ADDRESS: C/O .....
        STREET .....
        CITY ..... STATE _____ ZIP-CODE _____
        PHONE ( ... ) ... - ....
15 EFFECTIVE-DATE _____ TERM-DATE ..... TERM-REAS ..
   ESAC REDETERM-MONTH .. %-OBLIG ..
   SOC-AMOUNT ..... LTC-IND . SOC-FBU ..
   NEW-OHC SEN-SERV-CD ... ORIG-AID ..
   MEDS-OHC CARD-REQUEST-REASON ..
20 ALIAS/SSA-NAME: LAST ..... FIRST ..... INITIAL . CODE .
   NEXT-TRANS .... SAME-PERSON . SAME-CASE .
24 -----1-----2-----3-----4-----5-----6-----7-----8

```

```

1  -----1-----2-----3-----4-----5-----6-----7-----8
1  EW10                ** MEDS-ID NUMBER CHANGE **      opr - mm/dd/yy
   CASE-NAME ..... DISTRICT ...      EW-CODE ....
5  COUNTY-ID-PER-MEDS _____
   MEDS-ID _____ BIRTHDATE _____
10 NEW-MEDS-ID _____ SSN-VER _____
   ALIAS/SSA-NAME: LAST ..... FIRST ..... INITIAL . CODE .
15
20
24 -----1-----2-----3-----4-----5-----6-----7-----8

```

```

-----+-----1-----+-----2-----+-----3-----+-----4-----+-----5-----+-----6-----+-----7-----+-----8-----
1 | EW11                ** MEDS-ID NUMBER CONSOLIDATION **                opr - mm/dd/yy
CASE-NAME ..... DISTRICT ...                EW-CODE ....
5 |
*** MEDS-ID CURRENTLY USED:
COUNTY-ID-PER-MEDS  _ _ _ _ _ BIRTHDATE _ _ _ _ _
10 | MEDS-ID _ _ _ _ _ BIRTHDATE _ _ _ _ _
*** MEDS-ID TO BE USED: (CORRECT SSN OR PSEUDO WITH MOST RECENT ELIGIBILITY)
15 | COUNTY-ID-PER-MEDS  _ _ _ _ _ BIRTHDATE _ _ _ _ _
MEDS-ID _ _ _ _ _ BIRTHDATE _ _ _ _ _
20 |
*****
*** NO OTHER TRANSACTIONS SHOULD BE DONE ON THIS DAY FOR THESE RECORDS ***
*****
24 |
-----+-----1-----+-----2-----+-----3-----+-----4-----+-----5-----+-----6-----+-----7-----+-----8-----

```

```

-----+-----1-----+-----2-----+-----3-----+-----4-----+-----5-----+-----6-----+-----7-----+-----8-----
1 | EW15                ** REPORT IMMEDIATE NEED ELIGIBILITY **                opr - mm/dd/yy
CASE-NAME ..... DISTRICT ...                EW-CODE ....
5 | COUNTY-ID-PER-MEDS  _ _ _ _ _ BIRTHDATE _ _ _ _ _                SOC-FBU ..
MEDS-ID _ _ _ _ _ BIRTHDATE _ _ _ _ _                NEW-BIRTHDATE .....
NAME: LAST ..... FIRST .....                INITIAL .
SEX .                CA-DL/ID-NO .....                HIC-NO .....
10 | NEW-COUNTY-ID: AID-CODE .. SERIAL ..... FBU . PERSON-NO ..
ESAC .                NEG-ACTION *                %-OBLIG ..
SOC-AMOUNT .....                LTC-IND .                CERT-DAY ..
NEW-OHC .                SEN-SERV-CD ...                ORIG-AID ..
15 | MEDS-OHC .                REFUGEE/ALIEN .                INS-ENTRY-MMY .....
VALID-MMY _ _ _ _ _                CARD-ISSUE-SITE _ _ _ _ _                CARD-ISSUE-REASON _ _ _ _ _
ADDRESS: C/O .....
20 | STREET .....                ZIP-CODE .....
CITY .....                STATE ..
NEXT-TRANS .....                SAME-PERSON .                SAME-CASE .
24 |
-----+-----1-----+-----2-----+-----3-----+-----4-----+-----5-----+-----6-----+-----7-----+-----8-----

```

06/04/93

```

1  EW20          ** ADD NEW RECIPIENT RECORD **          opr - mm/dd/yy
CASE-NAME ..... DISTRICT ...          EW-CODE ....

5  COUNTY-ID: PER-MEDS  _ _ _ _ _  ALTERNATE .. .. .
MEDS-ID  _ _ _ _ _  BIRTHDATE  _ _ _ _ _  NEW-BIRTHDATE .....
NAME: LAST ..... FIRST ..... INITIAL .....
SEX ..... ETHNIC ..... LANGUAGE .....
SSN-VER ..... CA-DL/ID-NO ..... HIC-NO .....
10 ADDRESS: C/O .....
      STREET .....
      CITY ..... STATE ..... ZIP-CODE .....
      PHONE ( ... ) ... - ....
EFFECTIVE-DATE ..... TERM-DATE ..... TERM-REAS ..
15 ESAC ..... REDETERM-MONTH .. % OBLIG ..
SOC-AMOUNT ..... LTC-IND . SOC-FBU ..
NEW-OHC ..... SEN-SERV-CD ... ORIG-AID ..
MEDS-OHC ..... REFUGEE/ALIEN . INS-ENTRY-MMY .....
20 CARD-REQUEST-REASON ..
MN-APPROVAL-DATE ..... APPLICATION-DATE ..... RETRO .
ALIAS/SSA-NAME: LAST ..... FIRST ..... INITIAL . CODE .
NEXT-TRANS .... SAME-PERSON . SAME-CASE .
24

```

```

1  EW25          ** MODIFY - WHOLE CASE **          opr - mm/dd/yy
CASE-NAME ..... DISTRICT ...          EW-CODE ....

5  COUNTY-ID-PER-MEDS  _ _ _ _ _  BIRTHDATE  _ _ _ _ _
MEDS-ID  _ _ _ _ _
NAME: LAST ..... ETHNIC . LANGUAGE .
10 ADDRESS: C/O .....
      STREET .....
      CITY ..... STATE .. ZIP-CODE .....
      PHONE ( ... ) ... - .... ADDRESS-FLAG .
15 EFFECTIVE-DATE ..... REDETERM-MONTH ..
20
24 NEXT-TRANS .... SAME-CASE .

```

06/04/93

	1	2	3	4	5	6	7	8
1	EW30		** MODIFY CURRENT/FUTURE **			opr - mm/dd/yy		
	CASE-NAME .....		DISTRICT ...		EW-CODE ....			
5	COUNTY-ID: PER-MEDS		BIRTHDATE		NEW ** .....			
	MEDS-ID		FIRST .....		NEW-BIRTHDATE .....			
	NAME: LAST .....		ETHNIC ..		INITIAL ..			
	SEX ..		CA-DL/ID-NO .....		LANGUAGE ..			
	SSN-VER ..				HIC-NO .....			
10	ADDRESS: C/O .....							
	STREET .....				ZIP-CODE .....			
	CITY .....		STATE ..		ADDRESS-FLAG ..			
	PHONE ( ... ) ...				TERM-REAS ..			
	EFFECTIVE-DATE .....		TERM-DATE .....		% OBLIG ..			
15	ESAC ..		REDETERM-MONTH ..		SOC-FBU ..			
	SOC-AMOUNT .....		LTC-IND ..		ORIG-AID ..			
	NEW-OHC ..		SEN-SERV-CD ...		INS-ENTRY-MMY .....			
	MEDS-OHC ..		REFUGEE/ALIEN ..					
	CARD-REQUEST-REASON ..		RECOVERY ..					
20	MN-APPROVAL-DATE .....		APPLICATION-DATE .....		RETRO ..		CODE ..	
	ALIAS/SSA-NAME: LAST .....		FIRST .....		INITIAL ..			
	NEXT-TRANS ....		SAME-PERSON ..		SAME-CASE ..			
24								

	1	2	3	4	5	6	7	8	
1	EW31		** MODIFY HISTORY/MISCELLANEOUS **			opr - mm/dd/yy			
	CASE-NAME .....		DISTRICT ...		EW-CODE ....				
5	COUNTY-ID: PER-MEDS		BIRTHDATE		HISTORY ** .....				
	MEDS-ID				SOC-FBU ..				
	AUTH-REP-NAME: LAST .....		FIRST .....		INITIAL ..				
	AUTH-REP-ADDRESS: C/O .....								
10	STREET .....				ZIP-CODE .....				
	CITY .....		STATE ..						
	*****		*****						
	*****		*****						
15	AID-CODE		PRIOR TWELVE MONTHS OF ELIGIBILITY						
	ESAC		JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC						
	SOC		JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC						
	LTC-IND		JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC						
	NEW-OHC		JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC						
20	MEDS-OHC		JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC						
	RETRO		JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC						
	ORIG-AID		JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC						
	NEXT-TRANS ....		SAME-PERSON ..		SAME-CASE ..				
24									

06/04/93

	1	2	3	4	5	6	7	8
1	EW35	** TERMINATION/HOLD STATUS CHANGE (WHOLE CASE) **					opr - mm/dd/yy	
	CASE-NAME .....	DISTRICT ...			EW-CODE ....			
5	COUNTY-ID-PER-MEDS	_____						
	MEDS-ID	_____		BIRTHDATE		_____		
10	FOR-HOLD-STATUS-CHANGE:							
	EFFECTIVE-DATE .....	ESAC .						
15	FOR-TERMINATION:							
	TERM-DATE .....	TERM-REAS ..		RECOVERY .				
20								
24	NEXT-TRANS ....					SAME-CASE .		

	1	2	3	4	5	6	7	8
1	EW40	** TERMINATION/HOLD STATUS CHANGE (INDIVIDUAL) **					opr - mm/dd/yy	
	CASE-NAME .....	DISTRICT ...			EW-CODE ....			
5	COUNTY-ID-PER-MEDS	_____			SOC-FBU ..			
	MEDS-ID	_____		BIRTHDATE		_____		
10	FOR-HOLD-STATUS-CHANGE:							
	EFFECTIVE-DATE .....	ESAC .						
15	FOR-TERMINATION:							
	TERM-DATE .....	TERM-REAS ..		RECOVERY .				
20								
24	NEXT-TRANS ....	SAME-PERSON .			SAME-CASE .			

06/04/93

	1	2	3	4	5	6	7	8
1	EW45	** REQUEST REPLACEMENT ID CARD **				opr - mm/dd/yy		
	CASE-NAME .....	DISTRICT ...			EW-CODE ....			
5	COUNTY-ID-PER-MEDS	BIRTHDATE						
	MEDS-ID							
10	VALID-MMY	CARD-ISSUE-SITE			CARD-ISSUE-REASON			
	MAIL-TO-ADDRESS:	C/O .....						
		STREET .....						
15		CITY .....			STATE ..		ZIP-CODE .....	
20								
24	NEXT-TRANS ....	SAME-PERSON .			SAME-CASE .			

	1	2	3	4	5	6	7	8
1	EW50	** ELIGIBILITY OVER 12 MONTHS PRIOR **				opr - mm/dd/yy		
	CASE-NAME .....	DISTRICT ...			EW-CODE ....			
5	COUNTY-ID-PER-MEDS	BIRTHDATE			SOC-FBU ..			
	MEDS-ID				NEW-BIRTHDATE .....			
10	NAME: LAST .....	FIRST .....			INITIAL .			
	SEX .	CA-DL/ID-NO .....			HIC-NO .....			
15	ESAC				%OBLIG ..			
	SOC-AMOUNT .....	LTC-IND .			CERT-DAY ..			
	NEW-OHC	SEN-SERV-CD ...			ORIG-AID ..			
	MEDS-OHC	REFUGEE/ALIEN :			INS-ENTRY-MMY .....			
20	VALID-MMY	CARD-ISSUE-SITE			CARD-ISSUE-REASON			
24	NEXT-TRANS ....	SAME-PERSON .			SAME-CASE .			



06/04/93

```

1  EW55          ** SSI/SSP MODIFY/ID CARD REQUEST **          opr - mm/dd/yy
CASE-NAME ..... DISTRICT ...          EW-CODE ....
5  COUNTY-ID-PER-MEDS  _ _ _ _ _ BIRTHDATE ..... NEW-BIRTHDATE .....
MEDS-ID .....
NAME: LAST ..... FIRST ..... INITIAL .
SEX .          CA-DL/ID-NO .....
10 ADDRESS: C/O .....
STREET .....
CITY ..... STATE .. ZIP-CODE .....
PHONE ( ... ) ... - ....
15 NEW-OHC .
MEDS-OHC .          REFUGEE/ALIEN .          INS-ENTRY-MMY .....
VALID-MMY ..... CARD-ISSUE-SITE .... CARD-ISSUE-REASON ..
20
NEXT-TRANS .... SAME-PERSON . SAME-CASE .
24
-----1-----2-----3-----4-----5-----6-----7-----8

```

```

1  EW60          ** MODIFY PICKLE STATUS INFORMATION **          opr - mm/dd/yy
CASE-NAME ..... DISTRICT ...          EW-CODE ....
5  COUNTY-ID-PER-MEDS  _ _ _ _ _
MEDS-ID ..... BIRTHDATE .....
10 PICKLE-STATUS _          SSI-LAST-RECEIVED .... PICKLE-TYPE .
NEW-COUNTY-ID: COUNTY ..
15 ADDRESS: C/O .....
STREET .....
CITY ..... STATE .. ZIP-CODE .....
20 PHONE ( ... ) ... - ....
NEXT-TRANS .... SAME-PERSON . SAME-CASE .
24
-----1-----2-----3-----4-----5-----6-----7-----8

```

	1	2	3	4	5	6	7	8
1	FX10	** MEDS-ID NUMBER CHANGE (FOOD STAMP ONLY CASE) **						opr - mm/dd/yy
	CASE-NAME .....	DISTRICT ...				EW-CODE ....		
5	COUNTY-ID-PER-MEDS	_____						
	MEDS-ID	_____			BIRTHDATE _____			
10	NEW-MEDS-ID	_____			SSN-VER _			
	ALIAS/SSA-NAME: LAST ..... FIRST ..... INITIAL . CODE .							
15								
20								
24								

	1	2	3	4	5	6	7	8
1	FX20	** ADD NEW FOOD STAMP RECIPIENT RECORD **						opr - mm/dd/yy
	CASE-NAME .....	DISTRICT ...				EW-CODE ....		
5	COUNTY-ID-PER-MEDS	_____						
	MEDS-ID	_____			BIRTHDATE _____		NEW-BIRTHDATE .....	
	NAME: LAST _	.....			FIRST _		..... INITIAL _	
10	SEX	ETHNIC .				LANGUAGE .		
	SSN-VER	CA-DL/ID-NO .....						
	EFFECTIVE-DATE	_____						
	ESAC	_____						
15	ADDRESS: C/O	.....						
	STREET	.....						
	CITY	.....				STATE ..		ZIP-CODE .....
	PHONE ( ... )	... - ....						
20	ALIAS/SSA-NAME: LAST ..... FIRST ..... INITIAL . CODE .							
24	NEXT-TRANS	....			SAME-PERSON .		SAME-CASE .	

06/04/93

```

1  -----1-----2-----3-----4-----5-----6-----7-----8
   FX30          ** MODIFY FOOD STAMP RECORD (INDIVIDUAL) **      opr - mm/dd/yy

CASE-NAME ..... DISTRICT ... EW-CODE ....

5  COUNTY-ID: PER-MEDS _____ NEW .. .. .
   MEDS-ID _____ BIRTHDATE _____ NEW-BIRTHDATE .....
   NAME: LAST ..... FIRST ..... INITIAL .
   SEX . ETHNIC . LANGUAGE .
   SSN-VER . CA-DL/ID-NO .....
10  EFFECTIVE-DATE ..... RECOVERY .
   ESAC .

   ALIAS/SSA-NAME: LAST ..... FIRST ..... INITIAL . CODE .

15  COUNTY-ID ESAC COUNTY-ID ESAC
     ** ** ***** * ** * ** ** ***** * ** *
   JAN .. .. . FEB .. .. .
   MAR .. .. . APR .. .. .
   MAY .. .. . JUN .. .. .
20  JUL .. .. . AUG .. .. .
   SEP .. .. . OCT .. .. .
   NOV .. .. . DEC .. .. .
   NEXT-TRANS ..... SAME-PERSON . SAME-CASE .

24  -----1-----2-----3-----4-----5-----6-----7-----8

```

```

1  -----1-----2-----3-----4-----5-----6-----7-----8
   MENU                               ** INQUIRY REQUEST MENU **          opr - mm/dd/yy

5  SELECT INQUIRY OPTION              R = INQR - RECIPIENT RECORD          (PF12)
                                       N = INQN - NAME LIST              (PF22)
                                       W = INQW - WHOLE CASE LIST          (PF23)
                                       X = INXR - CROSS REFERENCE FILE    (PF21)
                                       A = INWA - ONLINE WORKER ALERTS
                                       I = IEVS - INCOME/ELIGIBILITY VERIFICATION

10 SELECT 'R'  TO REQUEST INFORMATION ON THE DATABASE ABOUT A RECIPIENT
               USING THE MEDS-ID, COUNTY-ID, HIC-NUMBER, DMV-NUMBER, OR
               CLIENT-INDEX NUMBER.

15 SELECT 'N'  TO REQUEST A LIST OF RECIPIENTS ON THE DATABASE USING THE
               NAME, OR NAME AND BIRTHDATE.

20 SELECT 'W'  TO REQUEST A LIST OF ALL MEDS-IDS WITHIN A CASE USING THE
               COUNTY CASE SERIAL NUMBER, OR SERIAL NUMBER AND FBU NUMBER.

24 SELECT 'X'  TO REQUEST A LIST OF ALL COUNTY-IDS, NAMES, HIC-NUMBERS,
               DMV-NUMBERS, OR CLIENT-INDEX NUMBERS ASSOCIATED WITH A
               PARTICULAR MEDS-ID, OR TO CHECK FOR PRIOR USAGE OF A MEDS-ID.

20 SELECT 'A'  TO REQUEST A LIST OF WORKER ALERT MESSAGES USING MEDS-ID,
               COUNTY-ID, OR COUNTY AND WORKER.

24 SELECT 'I'  TO REQUEST ASSET INFORMATION (TITLE II, UI/DI, INTEREST)
               FROM IEVS, THE INCOME AND ELIGIBILITY VERIFICATION SYSTEM.

```

```

1  -----1-----2-----3-----4-----5-----6-----7-----8
   INQR                               ** RECIPIENT INQUIRY REQUEST **      opr - mm/dd/yy

5  SELECT INQUIRY OPTION ?            A = ABBREVIATED STATUS
                                       B = BUY-IN AND BENDEX
                                       F = FOOD STAMP
                                       H = HEALTH CARE PLANS AND OTHER HEALTH COVERAGE
                                       M = MEDI-CAL/CMSP -- PRIMARY
                                       O = OTHER MISCELLANEOUS
10  P = MEDI-CAL/CMSP -- PENDING
                                       X = TITLE XVI -- SSI/SSP
                                       1 = MEDI-CAL/CMSP -- SPECIAL PROGRAM 1
                                       2 = MEDI-CAL/CMSP -- SPECIAL PROGRAM 2
15  3 = MEDI-CAL/CMSP -- 13-15 MONTHS PRIOR

20 RECIPIENT IDENTIFICATION:          MEDS-ID: _____
   (ENTER ONE)                       COUNTY-ID: _____
                                       HIC-NO: _____
                                       CLIENT-INDEX-NO: _____
24  CA-DL/ID-NO: _____

```

06/04/93

```

1  -----1-----2-----3-----4-----5-----6-----7-----8
   INQA                ** ABBREVIATED STATUS INFORMATION **          opr - mm/dd/yy

MEDS-ID 154-32-4001      SSN-VER 5  SEX M      RENEWAL      , TEST
BIRTHDATE 09-09-1962    PICKLE-TICKLER
5  PHONE                RECOVERY                FIRST ST
DEATH-DT                DEATH-CD                ALAMEDA CA      99901
CA-DL/ID-NO            CLIENT-INDEX-NO          ADDRESS-FLAG
MEDS-CUR-MMY 01-93      GOVT-RESP 1          WELFARE-PGM 003
PGM-ELIG: MC/CP C H    SP1                SP2                FS      AFDC C H

10 LAST-MC/CP-CHG 04-19-93      LAST-FS-CHG                LAST-OTHER-CHG
   LAST-MC/CP-TRANS          LAST-FS-TRANS          LAST-OTHER-TRANS

===== MEDI-CAL/CMSP INFORMATION =====
15 CASE-NAME REDET 1 ADVANCE      DISTRICT      REDETERM-MO 10  ELIG-STAT 001
   COUNTY-ID 01-30-1544111-0-01  EW-CODE KENG   SOC-AMT      CERT-DAY
   HIC-NO                MEDICARE          OTHER-COV N   RESTRICT
   TERM-DT                TERM-REAS        ADHC-NO       HCP-NO       HCP-STAT

20 ===== FOOD STAMP INFORMATION =====
   CASE-NAME                DISTRICT      ELIG
   COUNTY-ID                EW-CODE       TERM-DT

24 OPTION  < PRESS PF13 FOR LIST OF VALID OPTIONS > * ENTER KEY RETURNS TO LIST
   -----1-----2-----3-----4-----5-----6-----7-----8

```

```

1  -----1-----2-----3-----4-----5-----6-----7-----8
   INQB                ** BUY-IN AND BENDEX INFORMATION **          opr - mm/dd/yy

MEDS-ID 154-32-4001      NAME RENEWAL      , TEST      MEDS-CUR-MMY 01-93

5  ===== MEDICARE PART "B" BUY-IN INFORMATION =====
   HIC-NO                HIC-SOURCE          BUY-IN-ELIG-CD

CUR-BUY-IN-STATUS        BUY-IN-EFF-DT          LAST-PART-B-CHG
DOME-DT

10 ===== MEDICARE PART "A" BUY-IN INFORMATION =====
CUR-BUY-IN-STATUS        BUY-IN-EFF-DT          LAST-PART-A-CHG
DOME-DT

===== BENDEX TITLE II INFORMATION =====
15 CLAIM-NO              OLD-BENEFIT-AMT $      CUR-BENEFIT-AMT $
   INITIAL-ENTL-DATE      BENDEX-PAY-STATUS      COMMUNICATION-CODE
   HI-ENTL-DATE           HI-TERM-DATE           HI-code
   SMI-ENTL-DATE          SMI-TERM-DATE          SMI-CODE
   HI-PREMIUM-PAYOR       SMI-PREMIUM-PAYOR      LAST-BENDEX-CHG

20 CLAIM-NO              OLD-BENEFIT-AMT $      CUR-BENEFIT-AMT $
   INITIAL-ENTL-DATE      BENDEX-PAY-STATUS      COMMUNICATION-CODE

24 OPTION  < PRESS PF13 FOR LIST OF VALID OPTIONS > * ENTER KEY RETURNS TO LIST
   -----1-----2-----3-----4-----5-----6-----7-----8

```

```

1  INQF  ** FOOD STAMP INFORMATION **  opr - mm/dd/yy
CASE-NAME          DISTRICT          RENEWAL          , TEST
COUNTY-ID          EW-CODE
5  MEDS-ID 154-32-4001  SSN-VER 5          FIRST ST
BIRTHDATE 09-09-1962  SEX M          GOVT-RESP 1          ALAMEDA CA          99901
CHAINED-ID          EFF-DT          ADDRESS-FLAG          RECOVERY
PRIOR-MEDS-ID          TERM-DT          DEATH-DT          DEATH-CD
10  WELFARE-PGM 003          LAST-FS-CHG          LAST-FS-TRANS
CA-DL/ID-NO          CLIENT-INDEX-NO

PGM-ELIG: MC/CP C H  SP1          SP2          FS          AFDC C H
1992=====
15  01-93 PEND JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC
COUNTY
AID
ELIG

20  ===== PENDING FOOD STAMP INFORMATION =====
CASE-NAME          DISTRICT          EFF-DT
COUNTY-ID          EW-CODE          ELIG

24  OPTION  < PRESS PF13 FOR LIST OF VALID OPTIONS > * ENTER KEY RETURNS TO LIST
-----1-----2-----3-----4-----5-----6-----7-----8

```

changes to be made by managed care ...

```

1  INQH  ** HEALTH CARE PLANS AND OTHER HEALTH COVERAGE **  opr - mm/dd/yy
COUNTY-ID 01-30-1544111-0-01  GOVT-RESP 1          RENEWAL          , TEST
MEDS-ID 154-32-4001          LAST-ADHC-CHG
5  BIRTHDATE 09-09-1962          HCP-WORKER          FIRST ST
HIC-NO          LAST-HCP-CHG          ALAMEDA CA          99901
LAST-OHC-CHG          DEATH-DT          DEATH-CD          ADDRESS-FLAG

10  PGM-ELIG: MC/CP C H  SP1          SP2          FS          AFDC C H
1992=====
15  01-93 PEND JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC
COUNTY 01          00  00  00  00  00  00  00  00  00  01  01  01  01
AID-CODE 30          00  00  00  00  00  00  00  00  00  30  30  30  30
ELIG-STAT 001          999 999 999 999 999 999 999 999 999 022 002 002 001
OHC N
OHC-SOURCE
MEDICARE
HCP-NO
HCP-STAT
20  HCP-REAS

24  OPTION  < PRESS PF13 FOR LIST OF VALID OPTIONS > * ENTER KEY RETURNS TO LIST
-----1-----2-----3-----4-----5-----6-----7-----8

```

06/04/93

```

-----+-----1-----+-----2-----+-----3-----+-----4-----+-----5-----+-----6-----+-----7-----+-----8
1  | INQM                ** PRIMARY MEDI-CAL/CMSP INFORMATION **                opr - mm/dd/yy
   | CASE-NAME REDET 1 ADVANCE          DISTRICT          RENEWAL          , TEST
   | COUNTY-ID 01-30-1544111-0-01      EW-CODE KENG
5  | MEDS-ID 154-32-4001  SSN-VER 5    REDETERM-MO 10      FIRST ST
   | BIRTHDATE 09-09-1962  SEX M      GOVT-RESP 1        ALAMEDA CA          99901
   | CHAINED-ID          LAST-MC/CP-CHG 04-19-93        ADDRESS-FLAG      RECOVERY
   | PRIOR-MEDS-ID      LAST-OTH-CHG          APDP-IND      PICKLE
10 | WELFARE-PGM 003    DEATH-DT          DEATH-CD      TERM-DT      TERM-REAS
   | CA-DL/ID-NO          CLIENT-INDEX-NO          HIC-NO
   | PGM-ELIG: MC/CP C H  SP1          SP2          FS          AFDC C H
   |          1992=====
   |          01-93 PEND  JAN  FEB  MAR  APR  MAY  JUN  JUL  AUG  SEP  OCT  NOV  DEC
15 | COUNTY          01          00  00  00  00  00  00  00  00  01  01  01  01
   | AID-CODE        30          00  00  00  00  00  00  00  00  30  30  30  30
   | ELIG-STAT 001          999  999  999  999  999  999  999  999  022  002  002  001
   | SOC-AMT
   | CERT-DAY
20 | OHC              N
   | RESTRICT
   | MEDICARE
   | HCP-NO
   | HCP-STAT
24 | OPTION < PRESS PF13 FOR LIST OF VALID OPTIONS > * ENTER KEY RETURNS TO LIST
-----+-----1-----+-----2-----+-----3-----+-----4-----+-----5-----+-----6-----+-----7-----+-----8

```

```

-----+-----1-----+-----2-----+-----3-----+-----4-----+-----5-----+-----6-----+-----7-----+-----8
1  | INQO                ** OTHER MISCELLANEOUS INFORMATION **                opr - mm/dd/yy
   | MEDS-ID 154-32-4001  NAME RENEWAL          , TEST          BIRTHDATE 09-09-1962
   | CA-DL/ID-NO          CLIENT-INDEX-NO          CARD-ISSUE-DATE
5  | PHONE
   | ETHNIC 1          LANGUAGE 7          AUTH-REP-NAME
   | SSN-VER-BIRTHDATE          AUTH-REP-ADDR
   | DEATH-POSTED
10 | COUNTRY-OF-ORIGIN          INS-ENTRY-MMY          REFUGEE/ALIEN
   | PICKLE-TICKLER          LAST-PICKLE-CHG          SSI-LAST-RECEIVED
   | LAST-MC/CP-CHG 04-19-93          LAST-FS-CHG          LAST-OTHER-CHG
   | LAST-MC/CP-TRANS          LAST-FS-TRANS          LAST-OTHER-TRANS
15 | FILE-FIX-DATE
   | PGM-ELIG: MC/CP C H  SP1          SP2          FS          AFDC C H
   |          1992=====
   |          01-93 PEND  JAN  FEB  MAR  APR  MAY  JUN  JUL  AUG  SEP  OCT  NOV  DEC
20 | ORIG-AID
   | NEG-ACTN
   | MULTI-SOC
24 | OPTION < PRESS PF13 FOR LIST OF VALID OPTIONS > * ENTER KEY RETURNS TO LIST
-----+-----1-----+-----2-----+-----3-----+-----4-----+-----5-----+-----6-----+-----7-----+-----8

```

06/04/93

```

1  +---+1---+2---+3---+4---+5---+6---+7---+8
    INQP      ** PENDING MEDI-CAL/CMSP INFORMATION **      opr - mm/dd/yy

MEDS-ID 154-32-4001  NAME RENEWAL      , TEST      MEDS-CUR-MMY 01-93

5  PGM-ELIG:  MC/CP C H   SP1      SP2      FS      AFDC C H

===== MEDI-CAL/CMSP INFORMATION =====
CASE-NAME      DISTRICT      REDETERM-MO      ELIG-STAT
COUNTY-ID      EW-CODE      TERM-DT      TERM-REAS

10 ===== SPECIAL PROGRAM 1 INFORMATION =====
CASE-NAME      DISTRICT      REDETERM-MO      ELIG-STAT
COUNTY-ID      EW-CODE      TERM-DT      TERM-REAS

15 ===== SPECIAL PROGRAM 2 INFORMATION =====
CASE-NAME      DISTRICT      REDETERM-MO      ELIG-STAT
COUNTY-ID      EW-CODE      TERM-DT      TERM-REAS

===== GENERAL INFORMATION =====
20 ADDRESS-FLAG

24 OPTION  < PRESS PF13 FOR LIST OF VALID OPTIONS > * ENTER KEY RETURNS TO LIST
    +---+1---+2---+3---+4---+5---+6---+7---+8

```

```

1  +---+1---+2---+3---+4---+5---+6---+7---+8
    INQX      ** TITLE XVI -- SSI/SSP INFORMATION **      opr - mm/dd/yy

MEDS-ID 154-32-4001  NAME RENEWAL      TEST      MEDS-CUR-MMY 01-93
CA-DL/ID-NO      CLIENT-INDEX-NO

5  ===== ELIGIBILITY STATUS INFORMATION =====
SDX-TRANS-CD      MEDICAID-ELIG-CD      LAST-SDX-CHG
PAYMENT-STATUS      MED-EFF-DATE      MASTER-FILE-TYPE
DENIAL-REASON      DENIAL-DATE      MULTICATEGORY

10 ===== INCOME AND PAYMENT INFORMATION =====
SSI-ELIG-AMT      SSI-PAID-AMT      NET-UNEARN-INC
SSP-ELIG-AMT      SSP-PAID-AMT      NET-EARNED-INC
DEEMED-INCOME

15 ===== OTHER INFORMATION =====
SSI-LVG-ARR-CD      RECORD-ID      PAYEE
OPTL-LVG-ARR-CD      MARITAL-STATUS      CUSTODY
STATE-OPTL-PAY-CD      ASSOC-SSN      ADDRESS-SOURCE
20 ASST-REIMBUR-STAT      DISABL-BLD-ONSET      SSA-DIST-OFF
MEDICAID-TEST-IND      ID-CARD-ISSUE-IND

24 OPTION  < PRESS PF13 FOR LIST OF VALID OPTIONS > * ENTER KEY RETURNS TO LIST
    +---+1---+2---+3---+4---+5---+6---+7---+8

```



06/04/93

```

1  INQ1          ** SPECIAL PROGRAM 1 INFORMATION **          opr - mm/dd/yy
CASE-NAME          DISTRICT          RENEWAL          , TEST
COUNTY-ID          EW-CODE
5  MEDS-ID 154-32-4001  SSN-VER 5  REDETERM-MO          FIRST ST
BIRTHDATE 09-09-1962  SEX M          GOVT-RESP 1          ALAMEDA CA          99901
CHAINED-ID          LAST-MC/CP-CHG 04-19-93  ADDRESS-FLAG          RECOVERY
PRIOR-MEDS-ID          LAST-OTH-CHG          HIC-NO          PICKLE
10 WELFARE-PGM 003  DEATH-DT          DEATH-CD          TERM-DT          TERM-REAS
CA-DL/ID-NO          CLIENT-INDEX-NO
PGM-ELIG: MC/CP C H  SP1          SP2          FS          AFDC C H
1992=====
01-93 PEND  JAN  FEB  MAR  APR  MAY  JUN  JUL  AUG  SEP  OCT  NOV  DEC
COUNTY
15 AID-CODE
ELIG-STAT
SOC-AMT
CERT-DAY
OHC          N          N          N          N
20 RESTRICT
MEDICARE
HCP-NO
HCP-STAT
24 OPTION < PRESS PF13 FOR LIST OF VALID OPTIONS > * ENTER KEY RETURNS TO LIST
-----1-----2-----3-----4-----5-----6-----7-----8

```

```

1  INQ2          ** SPECIAL PROGRAM 2 INFORMATION **          opr - mm/dd/yy
CASE-NAME          DISTRICT          RENEWAL          , TEST
COUNTY-ID          EW-CODE
5  MEDS-ID 154-32-4001  SSN-VER 5  REDETERM-MO          FIRST ST
BIRTHDATE 09-09-1962  SEX M          GOVT-RESP 1          ALAMEDA CA          99901
CHAINED-ID          LAST-MC/CP-CHG 04-19-93  ADDRESS-FLAG          RECOVERY
PRIOR-MEDS-ID          LAST-OTH-CHG          HIC-NO          PICKLE
10 WELFARE-PGM 003  DEATH-DT          DEATH-CD          TERM-DT          TERM-REAS
CA-DL/ID-NO          CLIENT-INDEX-NO
PGM-ELIG: MC/CP C H  SP1          SP2          FS          AFDC C H
1992=====
01-93 PEND  JAN  FEB  MAR  APR  MAY  JUN  JUL  AUG  SEP  OCT  NOV  DEC
COUNTY
15 AID-CODE
ELIG-STAT
SOC-AMT
CERT-DAY
OHC          N          N          N          N
20 RESTRICT
MEDICARE
HCP-NO
HCP-STAT
24 OPTION < PRESS PF13 FOR LIST OF VALID OPTIONS > * ENTER KEY RETURNS TO LIST
-----1-----2-----3-----4-----5-----6-----7-----8

```

06/04/93

```

1  -----1-----2-----3-----4-----5-----6-----7-----8
1  INQ3          ** MEDI-CAL/CMSP -- 13 - 15 MONTHS PRIOR **   opr - mm/dd/yy

MEDS-ID 154-32-4001  SSN-VER 5  GOVT-RESP 1      RENEWAL      , TEST
BIRTHDATE 09-09-1962  SEX M      WELFARE-PGM 003
5  CHAINED-ID          LAST-MC/CP-CHG 04-19-93  FIRST ST
PRIOR-MEDS-ID          LAST-OTH-CHG          ALAMEDA CA      99901
HIC-NO                DEATH-DT          DEATH-CD          ADDRESS-FLAG
CA-DL/ID-NO          CLIENT-INDEX-NO
10 PGM-ELIG: MC/CP C H  SP1                SP2                FS          AFDC C H

                PRIMARY PROGRAM      SPECIAL PROGRAM 1      SPECIAL PROGRAM 2
                12-91  11-91  10-91      12-91  11-91  10-91      12-91  11-91  10-91
COUNTY
AID-CODE
15 ELIG-STAT
SOC / %-OBL
CERT-DAY
===== OTHER INFORMATION =====
OHC
20 RESTRICT          OHC-SOURCE
MEDICARE          ORIG-AID
HCP-NO          NEG-ACTN
HCP-STAT
24 OPTION < PRESS PF13 FOR LIST OF VALID OPTIONS > * ENTER KEY RETURNS TO LIST
-----1-----2-----3-----4-----5-----6-----7-----8

```

new screen

```

1  -----1-----2-----3-----4-----5-----6-----7-----8
1  INXR          ** CROSS REFERENCE FILE INQUIRY REQUEST **   opr - mm/dd/yy

5  SELECT INQUIRY OPTION ?      C = COUNTY-ID
                                D = CA-DL/ID-NO
                                H = HIC-NO
                                M = MEDS-ID PREVIOUSLY USED
                                N = NAME
10                                X = CLIENT-INDEX-NO

MEDS-ID:  _ _ _ _

15

20

24
-----1-----2-----3-----4-----5-----6-----7-----8

```

**new screen**

```
new screen
-----+-----1-----+-----2-----+-----3-----+-----4-----+-----5-----+-----6-----+-----7-----+-----8
1 |      INXX          * CLIENT INDEX NUMBER CROSS REFERENCE REPORT *      opr - mm/dd/yy
                                MEDS-ID = 154-32-4001
5 |
    CLIENT INDEX NUMBER
    1111-A-1111
10 |
15 |
20 |
24 | OPTION ____ < PRESS PF13 FOR LIST OF VALID OPTIONS > * ENTER KEY RETURNS TO LIST
     -----+-----1-----+-----2-----+-----3-----+-----4-----+-----5-----+-----6-----+-----7-----+-----8
```

```
new screen
-----+-----1-----+-----2-----+-----3-----+-----4-----+-----5-----+-----6-----+-----7-----+-----8
1 |      INXX          * CLIENT INDEX NUMBER CROSS REFERENCE REPORT *      opr - mm/dd/yy
                                MEDS-ID = 154-32-4001
5 |
    CLIENT INDEX NUMBER
    1111-A-1111
10 |
15 |
20 |
24 | OPTION ____ < PRESS PF13 FOR LIST OF VALID OPTIONS > * ENTER KEY RETURNS TO LIST
     -----+-----1-----+-----2-----+-----3-----+-----4-----+-----5-----+-----6-----+-----7-----+-----8
```